U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E OLMS						
1. File Number U - 7344		2. Fiscal Year Covered From:				
,		See NAV words. 18	1 / 1 / 2004	Through:	12 / 31	2004
3. Name and address of person filing.		4. Name	, file number, and address o	of labor orga	nization.	
Name Leslie W Wi	illians	Name Const. & Genl Laborers Local Union No. 264				
		Labor	Organization File Number	018-798	And the difference of	
P.O. Box, Bldg., Room No., if any Suite 103		P.O. Box, Building and Room Number, if any Suite 103				
Street 1101 East 87th Street		Street 1101 East 87th Street				
City Kansas City		City Kansas City				
State Missouri	ZIP Code +4 64131-2757	State	Missouri Missouri		ZIP Code + 4	64131-2757
Enter appropriate data below if, during t	(except as specified in the exck	derived in	orth in the instructions):	benefit of	u = 114.	terests
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A. Held an interest in, engaged in transamonetary value from an employer who 6. Name and address of Employer (including Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	(except as specified in the exclusions (including loans) with, or ose employees your organization trade name, if any). ZIP Code + 4 Signal lersigned declares, under penalty of rmation contained in any accompan	7.b. Am	corth in the instructions): Icome or other economic sents or is actively seekil ure of Interest, Transaction, Dount.	benefit of ng to represor or Income. s of the law, by the signal	sent.	Tormation
A. Held an interest in, engaged in transamonetary value from an employer who 5. Name and address of Employer (including Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State 15. Signature and verification. The under uponitied in this report (including the info	(except as specified in the exclusions (including loans) with, or ose employees your organization trade name, if any). ZIP Code + 4 Significant declares, under penalty of rmation contained in any accompants, correct, and complete. (See the see	7.b. Am	come or other economic sents or is actively seekil ure of Interest, Transaction, ure of Interest, Transaction, ount.	s of the law, by the signal	sent.	formation e best of the

Name of Person Filing Leslie Williams	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or otherwof an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name GKC LABORERS APPRENTICESHIP PROGRAM Trade Name, if any: P.O. Box, Bldg., Room No., if any	9. Business deals with: a. Labor Organization b. Trust c. Employer
Street 8944 KAW DRIVE City KANSAS CITY State Kansas ZIP Code + 4 66111	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. Provides training for LIUNA members affiliated with the Western MO & Ks Laborers' District Council.
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$9,160 12.a. Nature of interest held or income received. Cost allotted for wife and my attendance of Apprenticeship Graduation dinner as a representative of Local 264 on behalf of Local 264's graduating apprentices.
	12.b. Amount. \$114
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing Les	lie Williams	File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Arnold, Newbold, Winter & Jackson, P.C. Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any Suite 1600	b. Trust	
Street 1125 Grand Boulevard	c. Employer	
City Kansas City		
State Missouri ZIP Code + 4 64106		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	ant and the control to
Name	Provides legal services for Local N Benefit Funds, and Employee/Contractions of the Contraction of the Contr	
Trade Name, if any:	depar menes.	ALL STATE OF THE S
P.O. Box, Bldg., Room No., if any		
Street		OD-AMPAGAGAGA
City		gg
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$2,710
	12.a. Nature of interest held or income received.	······································
	Christmas gift card received in Dec	
	12.b. Amount.	\$50

Name of Person Filing Leslie Williams	File	e Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

	9. Business deals with:		
Name and address of Business (including trade name, if any).	J. Dubilieda dodio With		
Name Preferred Health Professionals	a. Labor Organization		
Trade Name, if any:	Recomplement of the Control of the C		
P.O. Box, Bldg., Room No., if any Suite 200	b. Trust		
Street 12920 Metcalf Avenue	c. Employer		
City Overland Park			
State Kansas ZIP Code + 4 66213-2625			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	rywdgilliad www.michonod olofod lawdod o'r bladd by bladd	
Name TIC International	Provides Health coverage benefits and assistance to members of the Western Missouri and Kansas Laborers		
Trade Name, if any: G.K.C. Laborers Health & Welfare	District Council.	of Alexania A.A.	
	the control of the co	n or a constant	
P.O. Box, Bldg., Room No., if any Suite 200	CONTRACTOR OF THE PROPERTY OF	Votes de Lineau de la companya de la	
Street 6405 Metcalf			
City Overland Park			
State Kansas ZIP Code + 4 66202	11.b. Approximate dollar value of such dealing.	\$15,000,000	
	12.a. Nature of interest held or income received.	onto a constitui a	
	Received ticket and lunch to a Sun- Chiefs Football game in the fall o		
	Chiefs rootball game in the lall o	t the 2004 year.	
		VIII	
		ericono and	
		2274444	
	Victoria Maria de Carta de Car	000000000000000000000000000000000000000	
	- control of the cont	ZZ/NGPPC(CC)	
	12.b. Amount.	\$100	